

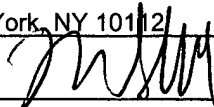
# BAKER BOTTS LLP

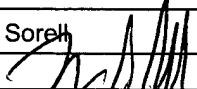
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/587,813
	Filing Date	6-6-00
	First Named Inventor	Lott
	Group Art Unit	1752
	Examiner Name	S. Lee
Total Number of Pages in This Submission	Attorney Docket Number	AP32618-065838.0195

17528  
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JAN 15 2002  
TC 1700

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Supplemental Information Disclosure Statement, PTO-1449, copies of cited refs.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks <input type="checkbox"/>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112
Signature	 Att Name: Louis S. Sorell PTO Reg: 32,439
Date	11-28-01

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 11-28-01	
Typed or printed name	Louis S. Sorell
Signature	 Date 11-28-01

**BAKER BOTTS** LLP

Attorney Docket Number: AP32618-065838.0195

Title:

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<b>FEE TRANSMITTAL</b> <b>for FY 2001</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>		
		Application Number	09/587,813	
JAN 09 2002		Filing Date	6-6-00	
<b>RECEIVED</b> <b>JAN 15 2002</b>		First Named Inventor	Lott	
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		Group Art Unit	1752	
TOTAL AMOUNT OF PAYMENT (\$)		168	Attorney Docket No.	AP32618-065838.0195

<b>METHOD OF PAYMENT</b> 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: <b>02-4377</b> Deposit Account Name: <b>Baker Botts LLP</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input checked="" type="checkbox"/> <b>Payment Enclosed:</b> <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		<b>FEE CALCULATION (continued)</b> <b>10,1700</b>																																																																																																																																																									
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Louis S. Sorell	Registration No. (Attorney/Agent)	32,439
Signature		Telephone	212-408-2620
		Date	11-28-01

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